

CITY OF DELTONA
PLANNING AND DEVELOPMENT SERVICES
COMMUNITY DEVELOPMENT
2345 Providence Boulevard, Deltona, FL 32725
Telephone: (386) 878-8620
WWW.DELTONAFL.GOV



Purchase Assistance Program

2015-2016 APPLICATION FUNDING CYCLE
Only 2015-2016 Applications will be accepted.
All previous are not eligible for processing.

- ✂ This program is operated on a first come, first completed, and first served basis.
- ✂ It takes approximately 30 days to process your application. A Housing Representative will contact you by mail, email or phone if additional information or further verification is needed.
- ✂ Incomplete applications will delay the review process.
- ✂ Applications must be mailed or hand delivered; NO FAXED OR EMAILED COPIES.
- ✂ Phone calls will be returned in the order received; either the same day or on the following business day.
- ✂ Due to the high volume of applications, customers will be seen by appointment only.
- ✂ One on one, assistance with completion of this application is available by appointment.

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU!

Required Documents

Here you find a list of required documentation that is to be submitted for anyone who will be residing in the home to be purchased through the SHIP Program.

Manual:

We have completed a manual to help with any questions you may have while completing this application. We strongly urge you to utilize this tool to help prevent any unnecessary delays or denial in the application submission and approval process. To locate the manual, go to the City's main website at www.deltonafl.gov, under departments choose Housing and Community Development, once there choose Purchase Assistance.

A. HOUSEHOLD IDENTIFICATION (ALL HOUSEHOLD MEMBERS) **(Photo Copies Only)**

- ☐ Current Florida Driver's License or Florida Identification Card: All household members 18 years of age and older.
- ☐ Social Security Card: All household members.
- ☐ Birth Certificate: All household members under 18 years of age.
- ☐ Court-Ordered Letter(s) of Guardianship, if applicable.
- ☐ Divorce decree and Marital Settlement Agreement, if applicable.
- ☐ Letter(s) of adoption, if applicable.

B. PROOF OF INCOME/ASSETS- (ALL HOUSEHOLD MEMBERS, if applicable):

- ☐ Employment: Employer to submit a letter, signed by the employer, stating the hourly rate of pay and number of hours worked per week, overtime rate of pay and number of overtime hours projected to work per week, and other documentation of wages from employment (including commissions, tips, bonuses, fees, ect.) **Form in application to be given to Employer**
- ☐ Pay-stub: Submit a copy of most recent paystubs in the last 60 days.
- ☐ Tax Returns: Submit copy of previous (2) two years Federal Income Tax Returns, including all schedules, and W-2's and/or 1099's.
- ☐ Self-employed: Submit a copy of the previous (3) three year's Federal Income Tax Returns, including Schedule C of the Federal Income Tax Return "Profit and Loss from Business".
- ☐ Unemployed: Proof of unemployment or disability payments *or submit the original letter stating that the household member is unemployed and does not receive unemployment or any other benefits.*
- ☐ Benefits & Other Source(s) of Income: Copy of benefit letter verifying proof of social security, Pension/Retirement Benefits, IRAs, 401(k)s, annuities, death benefits, and/or insurance policies and a copy of most recent check or deposit. Copy of bank statement reflecting deposit will suffice for proof of most recent deposit.
- ☐ Checking and/or Savings: Copy of Bank or Credit Union statements for Checking and /or Savings account(s) for the most recent 6 months month. All pages, front and back. [Within 30 days].
- ☐ Proof of Alimony: Payments or a court order that you are not receiving payments (submit copies only).
- ☐ Court-ordered letter(s) of child support: A court order stating that you are, or are not, receiving payment (submit copies only).
- ☐ Gifts: Submit a statement of all periodic allowances of gifts from persons not living in your household. (See addendums for form).
- ☐ Proof of the Value of Equity: For all properties owned by the applicant(s).
- ☐ Rental Real Estate: If you have rental real estate, a copy of Schedule E of your Federal Income Tax Return, "Supplemental Income and Loss".
- ☐ Other Sources of Income: Documentation of any other sources of income and/or assets. Including any public assistance.

C. FIRST MORTGAGE APPROVAL LETTER

- ☐ First mortgage approval: must be obtained from a Lender or Bank stating amount of mortgage and interest rate. Applicant must be credit-ready and have sufficient income required to obtain financing from a participating lender.

NOTE: ALL INFORMATION MUST BE PRINTED AS CLEAR AND LEGIBLE AS POSSIBLE.

SHIP Purchase Assistance Program Application

Special Needs <input type="checkbox"/> Farmworker <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Elderly (62 or over) <input type="checkbox"/> Special Needs	Date Stamp (City of Deltona Use Only) Income Category _____
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INCOME CATEGORY:

How did you hear about the program? _____
Total number of household members: _____ Total Household Annual Gross Income: \$ _____

APPLICANT INFORMATION (Head of Household):

Applicant Name: _____		Date of Birth: _____		Age: _____	
Married _____ Widowed _____ Single _____ Divorced _____		Race _____			
ADDRESS INFORMATION:		Gross Annual Income: \$ _____			
Current Address: _____		City: _____	State: _____	Zip: _____	
Mailing Address: _____		City: _____	State: _____	Zip: _____	
Telephone No. (Home) _____		(Message Phone) _____			
EMPLOYMENT INFORMATION:					
Employed By: _____		Employer Phone #: _____			
Your Position/Title: _____		Fax #: _____			
Employer Address: _____		Date Employed: _____			
Supervisors Name: _____		Title: _____			
<hr/>					
Co-Applicant Name: _____		Date of Birth: _____		Age: _____	
Married _____ Widowed _____ Single _____ Divorced _____		Race _____			
ADDRESS INFORMATION:		Gross Annual Income: \$ _____			
Current Address: _____		City: _____	State: _____	Zip: _____	
Mailing Address: _____		City: _____	State: _____	Zip: _____	
Telephone No. (Home) _____		(Message Phone) _____			
EMPLOYMENT INFORMATION:					
Employed By: _____		Employer Phone #: _____			
Your Position/Title: _____		Fax #: _____			
Employer Address: _____		Date Employed: _____			
Supervisors Name: _____		Title: _____			

Please provide your email on the space below so that we may send you periodic updates, Thank you.

EMAIL ADDRESS: _____

Warning: Florida Statue 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83.

OTHER ADULT HOUSEHOLD MEMBERS:

Name:	Employer Name:	
Position:	Supervisor:	
Address/Phone:	Time Employed:	
Pay Rate:	Pay Frequency:	
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$		

Name:	Employer Name:	
Position:	Supervisor:	
Address/Phone:	Time Employed:	
Pay Rate:	Pay Frequency:	
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$		

OTHER HOUSEHOLD MEMBERS UNDER THE AGE OF 18:

List all minors who will reside in the home and provide proof of their income, assets and identification.

Legal Name	Birth Date	Age	Relationship to Applicant	Gross Income	Married (M) Widowed (W) Single (S) Divorced (D)

Other Sources of Income (For ALL Household Members including minors, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Legal Name	Type of Income	Gross Annual Amount

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We _____, the undersigned, hereby authorize all applicable institutions to release, without liability, information regarding employment, income, and/or assets to the City of Deltona SHIP Program for the purposes of verifying information provided as part of determining eligibility for assistance under the S.H.I.P. Program.

Types of information to be verified:

I understand that previous or current information regarding me may be required. Verification that may be requested are, but not limited to: personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, ect; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; unemployment, disability, and/or worker’s compensation, welfare assistance; net income from the operations of a business; and alimony or child support payments, ect.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

- Past/Present Employers
- Banks, Financial, or Retirement Institutions
- State Unemployment Agency
- Welfare Agency
- Alimony/Child/Other Support Providers
- Social Security Administration
- Veteran’s Administration
- Credit Report
- Other: _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

	<u>Initial here</u>	<u>Initial here</u>
Applicant Signature	Print Name	Date
Co-Applicant Signature	Print Name	Date
Adult Member	Print Name	Date
Adult Member	Print Name	Date

(Must be completed for All persons, including Minors, who will occupy Assisted Housing)

Assets include, but are not limited to:

(Do not include necessary property such as clothing, furniture, cars, wedding bands, ect.)

[illegible]

Total \$_____

A. I/We hereby state that the combined value of my/our assets (must check one):

Does exceed \$5,000

Does not exceed \$5,000

B. _____ I/We do not have any assets at this time

Date

Date

Date _____

Date _____

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VERIFICATION OF ASSETS DISPOSED

I/We certify that during the two-year (24 months) period preceding the effective date of my certification or re-certification of eligibility for program participation, I/We _____ have _____ have not disposed of more than \$1,000 asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Amount	Date of Desposition
1)		
2)		
3)		
4)		
5)		

HISTORY/LIABILITIES

Have you or your co-applicant (check all that apply):

_____ Had an outstanding judgment in the last 7 years? _____ Had an auto/truck repossessed?
_____ Declared bankruptcy in the last 10 years? _____ Had property foreclosed?
_____ Owned a site built home, condo or mobile _____ Received assistance from the SHIP Program.
home in the past 3 years?

**List ALL Liabilities, Credit Card Debt, Auto, Real Estate, Student Loans and Mortgage Loans, etc.
(For ALL Household Members 18 and Over)**

Type of Credit/Loan	Creditors Name	Balance Owed	Monthly Payment

Total Annual \$ _____

Applicant Signature _____ Print Name _____ Date _____

Co-Applicant Signature _____ Print Name _____ Date _____

Adult Member _____ Print Name _____ Date _____

Adult Member _____ Print Name _____ Date _____

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PROGRAM RESTRICTIONS

- Mobile Homes and Rental Properties are not eligible. This program is open to all without regard to race, color, sex, handicap, religion, familial, or marital status, or national origin.
- The SHIP Program is operated on a first come, first completed, first serve basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first and fastest.
- The City of Deltona provides a deferred payment loan and /or combination of deferred payment and low interest loans for a term of up to 30 years.
- Based on household size and income. Please refer to our website at www.deltonafl.gov for income limits.
- The maximum purchase price is \$138,000 for households with income that do not exceed 80% of **Area Median Income (AMI)**. The maximum purchase price for households with income between 81% and 120% AMI is \$225,000.
- Other restrictions may apply.

IMPORTANT- READ BEFORE SIGNING

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, assets, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide documentations needed to assist in determining eligibility and am/are aware that all information and documents provided are a matter of public record.

I/We understand that The City of Deltona collects your Social Security Number for the following purpose: Classification of accounts; Identification and Verification; Credit Worthiness; Billing and Payments; Data Collection; Reconciliation; Tracking; Benefit Processing; Tax Reporting and Verification of Benefits. Social Security Numbers are also used as a unique numeric identifier and may be used for search purposes.

Initial here

Initial here

Applicant Signature

Print Name _____

Date _____

Co-Applicant Signature

Print Name

Date _____

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THIRD-PARTY VERIFICATION OF EMPLOYMENT

APPLICANT: Please have employer complete and forward to Community Development Staff.

We are required by State and/or Federal Regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the below requested information is most appreciated.

Authorization:

An “Authorization for the Release of Information” form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

TO BE COMPLETED BY EMPLOYER: Please complete and return by fax or email to:

dbrooke@deltonafl.gov or abriggs@deltonafl.gov

FAX - (386) 878-8601

City of Deltona Community Development

2345 Providence Blvd, Deltona, FL 32725

Complete the (applicable) sections below:

Name of Applicant: _____ Social Security Number: _____

Company Name: _____

Position: _____ Employment Start Date: _____

Base Pay Rate: _____ Average Hours/Week: _____ ☐ Weekly ☐ Bi- Weekly ☐ Monthly

Overtime Pay Rate: _____ Average Overtime Hours/Week: _____

Total Annual Base Pay Earning: \$ _____ Total Annual Overtime Pay Earnings: \$ _____

Amount and Frequency of Other Compensation (bonuses, raise, commission, tips): \$ _____

Vacation Pay ☐ YES ☐ NO If yes, number of days _____

Retirement Account ☐ YES ☐ NO Amount Accessible to Employee: \$ _____

Date of Next Pay Increase: _____ Anticipated Pay Increase Amount: \$ _____

Total Gross Annual Income (including other compensation for the next 12 months): \$ _____

Signature of Authorized Representative or Employer

Title

Printed Name

Date

Telephone

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STATEMENT OF NONEMPLOYMENT

Previous Employer: _____
I have been unemployed since _____

Please indicate by checking which applies to you:

- (a) ☐ I am not presently employed, but anticipated becoming employed within the next (12) months.
- (b) ☐ I am not presently employed and do not anticipate becoming employed within the next (12) months for the following reasons: _____

- (c) ☐ I am receiving unemployment compensation. If this is checked, please attach a copy of your approval letter with the stated income amount.
- (d) ☐ I am not receiving unemployment compensation. If this is checked, please explain why you are not: _____

NOTE: All eligible persons shall seek unemployment benefits when applying for Deltona SHIP assistance.

Signature	Print Name	Date
_____	_____	_____
Witness Name	Print Name	Date
_____	_____	_____

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is either ___ personally known to me or ___ has produced a _____ driver's license as identification.

Name: _____
Print Name: _____
My Commission Expires: _____

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PROOF OF CHILD SUPPORT OR NON-SUPPORT

Please complete one form for each child listed on your application. Please make additional copies, if necessary.

Parent or Legal Guardian Name: _____

Child's Name: _____

Name of Child's Biological Parents: _____

I have sought and filed for court-ordered child support for this child: ☐ YES ☐ NO

If yes, please provide documentation of filing.

If no, please explain? _____

I am currently receiving court-ordered child support for this child: ☐ YES ☐ NO

If yes, the amount of court-ordered support received: \$ _____ (Attach court order or proof of support)

If no, please explain? _____

Do you receive any monies from the other parent or other source(s) on behalf of this child? ☐ YES ☐ NO

If yes, explain how much and why? _____

Are you planning to receive any monies from the other parent or source(s) on behalf of this child in the future?

☐ YES ☐ NO

Please provide any additional documentation and/or information that you feel may be helpful in determining support or non-support.

Applicant Signature _____ Print Name _____ Date _____

Co-Applicant Signature _____ Print Name _____ Date _____

Witness Signature _____ Print name _____ Date _____

Witness Name _____ Print Name _____ Date _____

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is either ___ personally known to me or ___ has produced a _____ driver's license as identification.

Name: _____

Print Name: _____

My Commission Expires: _____

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VERIFICATION OF STUDENT STATUS

TOP PORTION TO BE COMPLETED BY APPLICANT

APPLICANT: Please complete the top portion of this form for each household child enrolled in grade school and/or each household member enrolled in college and have it completed by a School Official.

Please complete the (applicable) sections below:

NAME OF APPLICANT: _____

NAME OF STUDENT: _____ Social Security No: _____

ADDRESS OF STUDENT: _____

I hereby authorize the release of the information requested below.

Signature of Applicant/ Student (if over the age of 18)

Date

TO BE COMPLETED BY SCHOOL OFFICIAL

We are required by State and/or Federal regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may mail or fax it to the City of Deltona at (386) 878-8601.

Authorization:

An “**Authorization for the Release of Information**” form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Student’s Home Address: _____

Parent/Guardian responsible for student: _____

Date of Enrollment _____ Full Time _____ Part Time _____

This is to certify that the above listed student is enrolled at this school.

Name of Educational Institution: _____

Address of Educational Institution: _____

Signature _____ Title: _____

Date: _____ Telephone: _____

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